

time to prepare for it, will help educate this body, help educate the American people on an issue that is not going to go away—not just stem cells but as we look at the various challenges that are opened by the Human Genome Project, a very successful project 15 years ago, finished about 5 years ago on this floor—and opens up all concerns of ethical debates.

No matter whether people like it, no matter how hard it is, it is very important that this body become very comfortable in dealing with issues of advancing science and the great progress, the new opportunities we can make, whether it is addressing our 60 percent dependence on foreign sources of oil or looking at the great advances in health care and capturing the hopes and promise of new therapies. Whether it is genetic, biological stem cells, or the like means, we are going to have to do a good job in educating ourselves, developing that understanding, being comfortable talking about advances in science.

Science used to advance like this, then this, and in the 21st century, science is advancing like this. We, representing the American people, have that responsibility to define that advancing science and where it crosses with ethics and morality.

It is going to be a challenging debate, a good debate. I think the American people will pay attention, and I know our colleagues are working very hard on that particular issue.

Last night in closing, I proposed a unanimous consent agreement on the Water Resources Development Act, the so-called WRDA Act, a bill I feel very strongly we do need to bring to the floor. Chairman INHOFE has done a tremendous job in packaging the bill so that we can address the various issues with, I believe, nine amendments in the unanimous consent request. The Democratic leader has objected to that request, but I am very hopeful we will be able to address that agreement later today.

MEDICAL BREAKTHROUGH

Mr. FRIST. Mr. President, let me comment on one other issue before yielding the floor. It has to do with medicine again. It has to do with an issue which is very close to my heart, which I first saw in 1981 before I ever thought about getting into politics or public policy or running for the Senate. I first saw this particular issue in the early 1980s. Nobody had seen it in this country until 1981. Nobody had seen it before 1981, which is not that long ago, 25 years ago, but since that time, it killed 1 person, 3 people, 10 people, 1,000 people, 1 million people, 5 million people, 10 million people, 20 million people—25 million people have died since I first saw it; that is, HIV/AIDS, a tiny virus. You can't see it, touch it, taste it. We didn't have it in America. We didn't know what it was, and then it hit. Now 25 years later, 25 million peo-

ple around the globe have died from that little, tiny virus. We don't have a cure for it yet. We don't have a vaccine for it yet, but we have made huge medical progress over the last 10 years.

Two days ago, the FDA announced that they had approved the world's first single-pill, once-a-day HIV/AIDS treatment. The bill combines three FDA-approved drugs into a single dose. The impact on HIV/AIDS patients will be profound.

It wasn't that long ago that patients had to take 20 pills a day and then 10 pills a day to control the virus, this little tiny virus, not to get rid of it totally but to keep it down so it doesn't have its ravaging impact on the human body. Some pills you have to take with food, some at 8 o'clock, some at 2 o'clock, some at 6 o'clock, some at 10 o'clock. Some people say it is not that big a deal; it is lifesaving. It is a big deal. If you are a patient having to do it or a physician taking care of a patient, it is impossible to comply with that regimen long term. It is inconvenient, it disrupts life, and now it is combined into one pill.

By the end of next week, people will be able to control the virus with one pill. Not everybody is going to switch to it, but it opens up huge opportunities.

It is good news not just in that it simplifies the prescription regimen of HIV/AIDS patients, but to quote a fellow doctor who is the current Acting Commissioner of the FDA, Andrew von Eschenbach:

Compliance with therapy is as important as the therapy itself for a successful outcome.

To have a successful outcome, HIV/AIDS patients have to take at least 95 percent of their pills or the treatment doesn't take. It isn't as if you can take 2 or 3 of the 15 pills and it will work. You have to really take just about all the pills. Only one pill a day increases the likelihood of a patient meeting that threshold. That one pill will do the trick. Not only does improved compliance keep HIV/AIDS patients healthy, but it helps slow down that emergence and transmission of strains of virus that have become drug-resistant. The drugs you take over a period of time—the virus is smart, it is cagey, it moves around, and it will develop resistance to those drugs as it comes in. As it gets accustomed to the drugs, the virus will change.

Scientists hail this as a medical breakthrough for good reason. Wednesday's announcement approving the new pill was timely. Yesterday, the CSIS Task Force on HIV/AIDS hosted a conference to examine the sustainability of United States-led efforts in combating the virus. I have cochaired the CSIS task force along with my colleague, Senator RUSS FEINGOLD. I had the opportunity, as did Senator FEINGOLD, to deliver opening remarks to that conference.

Looking back over the 25 years, as we did yesterday, I recalled the same story

I just told: 25 million people have died on our watch, over my lifetime as a physician. As recently as 5 years ago, less than \$1 billion was spent by the world. If we put together all the world's resources, today it is more than eight times that—eight times that—in just 5 years.

Today about 40 million people worldwide, including a million people in this country—a million Americans—are HIV positive. That means they have the virus in them, and it can be detected. Over half of all people living with HIV/AIDS or HIV in the world live in a continent I go to every year, and that is the continent of Africa.

Ten years ago, in 1996, I went to Sub-Saharan Africa to Tanzania, to Kenya, in that whole central eastern region of Africa where I do medical mission work. That became an annual trip after 1996. Nothing quite prepares you for walking through a village in an AIDS-afflicted part of Africa. You see older people, and then you see very young people, but you don't see—there is like a big doughnut hole there—you don't see middle-aged people walking around. Why? Because that virus has ravaged traditionally the most productive part of society. They include teachers, police, law enforcement, wage earners, the people who are out moving, herding the animals, the people who are out growing the crops, the people who make up the strongest and most productive fabric of society.

The deadly disease has left countless children as orphans. It has disrupted the social framework of many communities. It has challenged the infrastructure and stability of many nations in ways that are totally unprecedented and we just haven't seen in history.

I outlined my vision at the conference yesterday for sustaining momentum and winning this war on HIV/AIDS, and already, with the successful development and approval of this single-pill therapy, we have seen how one piece of the vision that I put out yesterday—unity—is reaching across differences and we can reshape our approach to HIV/AIDS.

The breakthrough this week was made possible because of collaboration, partnership, a very unusual partnership, a collaborative venture by two drug companies that normally are competing. So that is a breakthrough that may not be readily apparent, but those of us who follow health, the pharmaceutical industry, and public health, this is a huge breakthrough.

Two drug companies set aside their competition, they set aside their concerns about the bottom line to work together and do what we need to do throughout health care, which we don't do today. As we look to health care 20 years from now, we have to do it, and that is put the patient at the center, put the patient first. That is what these two drug companies did yesterday.

I commend the makers of this single-pill therapy. I hope this does start a

new trend. I think the computer industry learned this collaborative effort a long time ago, and I am pleased that the pharmaceutical industry is catching on to it, as demonstrated today.

I will close with that final thought because it does remind me how important it is to put the patient first. They did this yesterday by developing this pill, having the FDA to approve this particular pill. We need to do that throughout our health care system. We do have a health care system that is chaotic, in terms of its organization. It is not really even a system; it is more of a sector.

If we can go back to that principle of putting the patient first, putting the patient in the center, we can weed out the waste and weed out the inefficiency and lower the cost and make a very optimistic future for our health care system.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate immediately proceed to executive session to consider the following nominations on today's Executive Calendar: No. 735, No. 736, and No. 761.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. FRIST. I further ask unanimous consent the nominations be confirmed en bloc, a motion to reconsider be laid on the table, the President be immediately notified of the Senate's action, and the Senate then return to legislative session.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The nominations considered and confirmed en bloc are as follows:

FEDERAL ENERGY REGULATORY COMMISSION

Philip D. Moeller, of Washington, to be a member of the Federal Energy Regulatory Commission for the term expiring June 30, 2010.

Jon Wellinghoff, of Nevada, to be a member of the Federal Energy Regulatory Commission for the term expiring June 30, 2008.

Marc Spitzer, of Arizona, to be a member of the Federal Energy Regulatory Commission for the term expiring June 30, 2011.

LEGISLATIVE SESSION

The ACTING PRESIDENT pro tempore. The Senate will resume legislative session.

Mr. FRIST. Mr. President, I see none of my colleagues on the floor at this juncture who want to speak, so I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. WYDEN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

NET NEUTRALITY

Mr. WYDEN. Mr. President, 2 weeks ago I came to the floor of the Senate and announced I will do everything in my power to block consideration of the major communications overhaul legislation until it includes language that specifically ensures what is called Net neutrality.

Now, since this is a new concept, and certainly much of the country probably has not heard these words before and Senators have been asking questions about it, I am going to begin this morning, and intend on other instances to continue the discussion, to start talking about why Net neutrality is so important and why I will do everything in my power to block legislation, major communications legislation, unless it ensures that Net neutrality is preserved.

The bottom line about this concept is pretty simple. It means there will not be discrimination on the Internet. Today, after you pay your access charge, your Internet access fee, you get to take your browser and you get to go where you want, when you want, and everybody is treated the same: the mightiest person in the land, the most affluent, and somebody, say, in rural Georgia or rural Oregon who does not have a lot of power and does not have a lot of wealth.

The Internet has been a huge step forward, in my view, for democracy, for the proposition our country is based on which is to give everybody a fair shake, where everybody is treated equally. It has meant a real bonanza for our citizens in areas such as education, health, business—a whole host of fields. There needs to be a clear policy preserving the neutrality of the Internet. And without tough sanctions against those who would discriminate online, in my view, the Internet would be changed forever, for the worse. I intend to do everything in my power to keep that from happening.

Since I came to the floor to announce that I will do everything I can to block this legislation in its current form, the phone companies and the major communications lobbies in this country have launched an all-out advertising blitz. They are now spending millions of dollars trying to win passage of this legislation that does not include protection for Net neutrality. They are spending millions of dollars so they can make billions of dollars when they implement a two-tiered system online.

They have been telling Wall Street about their plans for some time. The Wall Street Journal, for example, outlined a pay-to-play plan that the phone companies and the cable companies have been talking about in a fairly open kind of fashion.

All this discussion suggests there is something of a looming shortage of bandwidth. Of course, bandwidth is the speed at which all the information on the Web travels to the user. But what has not been given enough attention thus far, and what I will talk about this morning and in the days ahead, is that the real Net neutrality fight is not primarily over bandwidth but who is going to call the shots in this country about content on the Web. Content is all the information that is out there on the Web. It includes music, movies, e-mails, newspaper articles and Web sites.

Bandwidth speeds are getting faster and faster, allowing all this content to reach the users faster. But bandwidth without content is akin to a swimming pool without water. It is there, but you cannot do anything with it. So the real Net neutrality fight is going to be about content.

Now, those who control the pipes—the way you get to the Internet—also want to control the content. The reason for that is because content is king. What good is one gigabyte Internet connection if you cannot get to the Web sites you want to visit? Legislation that does not have strong Net neutrality protections will mean the American people will face discrimination in content.

The Internet has thrived precisely because it is free of discrimination. It has thrived because consumers, and not some huge cable or phone company, get to choose what they want to see and how quickly they get to see it. I do not think there is anything odd about fighting against a bill that will take control of the Internet away from the American people.

What the cable and phone executives propose is that instead of providing equal access for everyone to the same content, at the same price, they are going to be in a position to cut sweetheart deals, to give somebody they favor a better break than somebody whom they do not look upon in the same way. Those who own the pipes do not want to be told they cannot discriminate. They do not want to be told by the Congress, or anybody else, sweetheart deals are off limits.

What I have done is tried to look at the Senate Commerce Committee legislation and compare it to the kinds of concerns I think the American people are going to have with the legislation in its current form. So what I would like to do now is outline three examples of what could happen in our country if communications legislation that allows discrimination on the Internet was allowed to go forward.

The first example involves what I am calling the Barns family. The Barns family owns a struggling electronics store. Sales have been hammered lately because a new "big box" electronics store opened up down the road. George Barns' son Mike came up with an idea to save the store. He said: We can reach new customers. We will start a Web